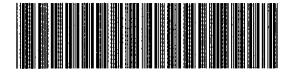
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(Req	uestor's Name)	
(Addi	ress)	
(Add	ress)	
(City/	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busi	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
WK -40	7490	

Office Use Only



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07/16/14--01004--001 **51.25

06/27/14--01033--001 **78.75



COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	NUSZBUZZ ENTE	RPRISES,	LLC
	(PROPOSED CORPOR	ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the ar	ticles of incorporation an	d a check for:
□ \$70.6 Filing Fe	, ,	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM:		ie (Frince of types)	
	Miami 71.		
	305-746-04 Daytime		
	E-mail address; (to be use	John Nusz. Co	notification)

NOTE: Please provide the original and one copy of the articles.

John W. Nusz 2319 NW 20TH Street Miami, Fl. 33142

(305) 746-0402

John@JohnNusz.com

July 10, 2014

State of Florida

RE: Registration of LLC & Check #2106 for \$78.75 Received and Cashed

To Whom It May Concern:

Upon receiving above referenced check and cashing it, I was sent back the form for incorporation, as I sent in the wrong form. The check was not returned but cash.

Hence, with this application, I am sending in a check for the difference of the filing fee of \$130 and the check that has already been cash in the amount of \$78.75, (See copy of cashed check for reference) totalling \$51.25, completing the \$130 filing fee.

If there are any questions, I would be most grateful for a call back at the above referenced phone number.

Thanking you in advance for your assistance and considerations.

John W. Nusz

Cordially.

COVER LETTER

TO: Registration Section Division of Corporation	s
SUBJECT: NUSZ BC	122 Enter Prises, brance LLC
	Name of Limited Liability Company
The enclosed Articles of Organiza	tion and fee(s) are submitted for filing.
Please return all correspondence of	oncerning this matter to the following:
T	SHN W. NUSZ
	Name of Person
	Firm/Company
2319	2) 121 22 TH Short
	NW 20TH Street Address
,	
	City/State and Zip Code
Toh	ne John Nusz. cum
E-mail ad	dress: (to be used for future annual report notification)
For further information concerning	this matter, please call:
John Nusz	at (305) 746-0402
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the follow	
\$125,00 Filing Fee \$\mathbb{\mathba\\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\mathbb{\m	O Filing Fee & Status Certified Copy Certificate of Status & Certified Copy Certificate OF Status & Ce
1 1 1 1 1 25	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Check #31"	
Check #51.25 Difference in CK# 2104 Mailing Address Registration Sec	
Rec. * Cashed Division of Corp. P.O. Box 6327	
by the State of Tallahassee, FL	32314 2661 Executive Center Circle
florida.	Tallahassee, FL 32301
See Attachell Documentation + Letter. Thanks	
Documentation + letter. Yhanke)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
NUSZBUZZ ENTEVPTISES LLC (Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	e Limited Liability Company is:
Principal Office Address: Mailin	g Address:
2319 NW 20th Street 23 MIAMI, FL 33142 M	19 NW 2014 Street
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are John W. NUSZ- Name	d Agent. You must designate an individual or
Florida street address (P.O. Box NOT acc	
Miami FL	33\42 Zip
City	Zip
Having been named as registered agent and to accept service of pr the place designated in this certificate, I hereby accept the appo capacity. I further agree to comply with the provisions of all state of my duties, and I am familiar with and accept the obligations of Chapter 605, F.	intment as registered agent and agree to act in this stes relating to the proper and complete performance of my position as registered agent as provided for in S
Registered Agent's Signature (REC	QUIRED)
Page 1 of 2	115 AH 9:

Title: "AMBR" = Authorized Mem "MGR" = Manager		ame and Add	ress:			
President		John 2319 Minmi	W. Nusz Nw 20 Th FI. 3314	Stree	<u>.</u>	- - - -
	-			,,		- -
(Use attachment if necessary	_				•	_
E V: Effective date, if other tective date is listed, the date of filing.)						_ - · 90 d
E V: Effective date, if other tective date is listed, the date of filing.) E VI: Other provisions, if any REQUIRED SIGNATURE	nust be specific and ca	nnot be more	than five busing	ess days pri	or to or	
(In accordance with constitutes an affir I am aware that an	nust be specific and ca	authorized rob), Florida States of perjury to itted in a docu	epresentative of tutes, the execution that the facts state tument to the Dep	a member. on of this do	ocumen	
E V: Effective date, if other tective date is listed, the date of filing.) E VI: Other provisions, if any REQUIRED SIGNATURE Signat (In accordance with constitutes an affirm I am aware that any	re of a pember or an section 605.0203 (1) (bation under the penaltic false information submegree felony as provided	authorized r.b., Florida Staes of perjury titted in a doct	epresentative of tutes, the execution to the Deputs, F.S.)	a member. on of this do	ocumen	